

THE QUARTERLY CONNECTION

Quarterly Report from Pharma-Care, Inc., Health Care Consultation Specialists

Third Quarter 2013

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Medication Destruction: Questions and Answers

The recently enacted New Jersey Act 62 prohibiting the disposal of prescription medications in public sewers or septic systems has created much confusion. It is apparent that some clarification is needed on disposal of prescription medications in health care facilities. Below are answers to some frequently asked questions:

Q: *What is the first step in developing a medication destruction policy?*

A: Ask your Provider Pharmacy if they have a medication return crediting and destruction policy. If they have a return policy which requires the health care facility to document patient prescription information, i.e. number of doses remaining, patient name, etc..., and allows for return, much of the medication destruction will be taken care of.

Remember, Controlled Substances are not returnable. Also, Controlled Substances purchased by the facility for the purpose of Emergency Kit, Back-up Box, or Extension of Physicians Bag cannot be destroyed without permission of the DEA form 41 or DDC form 51.

Q: *What has changed with the new Act?*

A: The most obvious change is that facilities may no longer use waste water or septic systems for prescription medication disposal with certain exceptions. Exceptions are non-prescription medications, intravenous solutions containing dextrose, saline, sterile water, electrolytes or a combination of these.

Also, when dose of medication is to be partially wasted prior to administration per physician order, the prescription medication is a controlled substance, the prescription medication is not deemed hazardous by the EPA or NIOSH.

Remember that the new Act is for flushing in waste water. If your facility policy involves mixing expired, unused, or outdated medications with cat litter, kitchen grease, coffee grinds, etc., that policy is still in force and needs to be reviewed for completeness.

Q: *What are the alternatives to cat litter, kitchen grease,*

coffee grinds, and such?

A: Certain companies such as Cactus Sink (cactusllc.net) can offer facilities alternatives. Also, Drugbuster (www.drug-buster.com) and Becton Dickenson offer waste stream disposal alternatives.

Fentanyl Patch Disposal Dilemma

Many questions have arisen regarding the proper disposal of fentanyl patches. The dilemma is created by the manufacturer's package insert which instructs to flush the patch in toilets. Some facilities have also questioned the acceptability of folding the patches in half and disposing in a sharps container.



To seek clarification on this matter, Pharma-Care reached out to CMS for guidance. A Nurse Consultant for CMS responded with several citations from CMS, FDA, a White House Office of National Drug Control Policy report from 2011, and the EPA - all of which support the flushing of fentanyl patches.

Additionally, she referred to an EPA recommendation from a 2010 report that *"facilities should NOT dispose of pharmaceuticals in red bags or sharps containers since the autoclaving process used for those containers does not reach a temperature high enough to destroy the contents."*

The CMS response regarding the recently enacted New Jersey law *"shows that there are exceptions to the state's prohibition on disposing prescription medications into the public sewer or septic system. C.26:2H-12.69 2.C.(2) does permit health facilities to dispose unused prescription medications into public sewer systems or septic systems if the prescription medication is a controlled substance."*

However, this law does not specifically address disposal of used fentanyl patches.

The CMS response concludes with the suggestion to work with the NJ Board of Pharmacy to determine how to dispose of used patches in our state.

We will continue to update our clients as we receive new information.



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Health Care Consultation Specialists
WWW.PHARMACAREINC.COM

State Survey Trends

Our review of the last quarter State Surveys identifies the following areas as having been frequently cited:

Accountability of Controlled Medications

- Doses of PRN medications used do not match declining inventory. They are tracking this by looking at the MAR, declining inventory sheets, and also through the psych monitoring forms.
- Narcotic lock box not permanently affixed inside the medication refrigerator.

Medication Pass

- It has come to our attention that during the medication pass portion of the survey, some pharmacist surveyors are calling pharmacy providers to ascertain if medications are being filled in a timely manner. They are also verifying this by counting the number of pills remaining in the box in the medication cart or in bingo cards.

Medications Not Adjusted to Accommodate Dialysis

- The times of administration should be modified to accommodate the needs of the resident.

Save the Date

NJ Long-Term Care Leaders Coalition Annual Conference

“Embracing Culture Change in Long-Term Care: Spotlight on Best Practices”

- Embracing Change in Long-Term Care
- Reducing the Use of Antipsychotics: Best Practices
- Preventing Flu Outbreaks in LTC
- Advance Care Planning As a Culture Change Tool

Tuesday, October 8, 2013
8:00 am - 4:30pm
Crowne Plaza, Monroe, NJ

Member:
Before August 31- \$100
After August 31- \$125

Non-member:
Before August 31- \$110
After August 31- \$125

Call for information about CEUs.

For information or to register:

(P) 732-574-9434, ext 105

(F) 732-499-6778

To register online:

WWW.OPTCOMMUNICATIONS.COM/NJLTCCLC

Attendees include physicians, medical directors, nurses, administrators, pharmacists, social workers, dietitians, and any other professional healthcare associated with long-term care.

EPIC Corner

ELECTRONIC PHARMACIST INFORMATION CONSULTANT
(MEDICATION REVIEWS WITHIN 48 BUSINESS HOURS)

EPIC Phone: 732-943-3573

EPIC Fax: 732-574-3469

Attention to accurate medication allergy is a must when treating patients. Transfer of patients remains a weak point and presents many opportunities for errors. Information may be lost, illegible, or overlooked.

EPIC maintains a history of each patient. EPIC remains a valuable resource for your resident and facility by alerting you when there are discrepancies in the medication allergy information.

EPIC alerts your facility when there are therapeutic misadventures. A recent resident had been ordered methylphenidate 54 mg every four hours if needed for pain. Methylphenidate is a central nervous system stimulant that is chemically similar to the amphetamines. The maximum recommended daily dose of methylphenidate is 72 mg. This resident might have received up to 324 mg of methylphenidate in one day. Had this occurred, the outcome may have been negative.

EPIC immediately notified the facility that this was an excessive dose and advised that the prescriber be contacted. The facility followed up and the order for methylphenidate 54 mg every six hours if needed for pain was discontinued.

Welcome to Our New Clients

**Rising Star Adult Day Care Center
Jersey City Dialysis
Woodbridge Dialysis**



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